



COPY OF PAPERS  
ORIGINALLY FILED

Please type a plus sign (+) inside this box → +

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

	Application Number	09/701,818	
	Filing Date	02/20/2001	
	First Named Inventor	Rylatt et al.	
	Group Art Unit	Unknown	
	Examiner Name	James Grunn	
Total Number of Pages in This Submission	4	Attorney Docket Number	75978/10786

**RECEIVED**

FEB 13 2001  
TECH CENTER 1600/2900

**ENCLOSURES (check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Fee Transmittal Form                                   | <input type="checkbox"/> Assignment Papers<br>(for an Application)                            |
| <input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Drawing(s)   |
| <input type="checkbox"/> Amendment / Reply                                      | <input type="checkbox"/> Licensing-related Papers   |
| <input type="checkbox"/> After Final  | <input type="checkbox"/> Petition   |
| <input type="checkbox"/> Affidavits/declaration(s)                              | <input type="checkbox"/> Petition to Convert to a<br>Provisional Application                  |
| <input type="checkbox"/> Extension of Time Request                              | <input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence<br>Address |
| <input type="checkbox"/> Express Abandonment Request                            | <input type="checkbox"/> Terminal Disclaimer  |
| <input type="checkbox"/> Information Disclosure Statement                       | <input type="checkbox"/> Request for Refund   |
| <input type="checkbox"/> Certified Copy of Priority<br>Document(s)              | <input type="checkbox"/> CD, Number of CD(s) _____  |
| <input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application   |   |
| <input type="checkbox"/> Response to Missing Parts<br>under 37 CFR 1.52 or 1.53 |   |

- |   |
|---|
| <input type="checkbox"/> Assignment Papers<br>(for an Application)                            |
| <input type="checkbox"/> Drawing(s)   |
| <input type="checkbox"/> Licensing-related Papers   |
| <input type="checkbox"/> Petition   |
| <input type="checkbox"/> Petition to Convert to a<br>Provisional Application                  |
| <input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence<br>Address |
| <input type="checkbox"/> Terminal Disclaimer  |
| <input type="checkbox"/> Request for Refund   |
| <input type="checkbox"/> CD, Number of CD(s) _____  |

- |   |
|---|
| <input type="checkbox"/> After Allowance Communication<br>to Group  |
| <input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences  |
| <input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief)   |
| <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Status Letter  |
| <input checked="" type="checkbox"/> Other Enclosure(s) (please<br>identify below):<br><br>Request for Withdrawal as<br>Attorney or Agent. |

Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm  
or  
Individual name  
Susan L. Mizer, Reg. No. 38,245  
Arter & Hadden LLP

Signature

Date

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 1-24-2001

Typed or printed name Anna C. Kundel

Signature

Date 1-24-2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



COPY OF PAPERS  
ORIGINALLY FILED

Please type or plus sign (+) inside this box →

PTO/SB/83 (08-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT

Application Number	09/701,818
Filing Date	02/20/2001
First Named Inventor	Rylatt et al.
Group Art Unit	Unknown
Examiner Name	James Grunn
Attorney Docket Number	75978/10786

RECEIVED

FEB 19 2002

TECH CENTER 1600/2900

To: Assistant Commissioner for Patents  
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Applicant has procured other counsel and has requested the law firm of Arter & Hadden, including all attorneys associated with Customer No. 23380, to transfer applicant's file to the lawfirm of Baker & McKenzie, whose address is listed below.

1.  The correspondence address is NOT affected by this withdrawal.
2.  Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

Customer Number



Place Customer Number  
Bar Code Label here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	James D. Jacobs, Esq.,				
Address	Baker & McKenzie				
Address	805 Third Avenue				
City	New York	State	NY	ZIP	10022
Country	United States				
Telephone	(212) 891-3951	Fax	(212) 759-9133		

This request is enclosed in triplicate.

Name	Susan L. Mizer, Reg. No. 38,245
Signature	<i>Susan L.</i>
Date	1/23/02

NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.